

#90207
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34661**
Registrar's No. **8846**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether)
In this community **0** (Specify whether)
years, months or days, **0**

3. (a) PRINT
FULL NAME

ELIZABETH SCHMIDT

3. (b) If veteran, **—**
name war **—**

3. (c) Social Security No. **Non**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **19**
6. (b) Name of husband or wife **Frank Schmidt** 6. (c) Age of husband or wife if alive **54**
7. Birth date of deceased **Nov 12 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **10** Days **29** If less than one day
hr. min.

Birthplace **Austria** (City, town, or county) (State or foreign country)

11. Industry or business **Housewife**

Name **Joseph Bauman Schlaffer**

Birthplace **Austria** (City, town, or county) (State or foreign country)

14. Maiden name **Barbara Schlaffer**

15. Birthplace **Austria** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Schmidt**

(b) Address **3408 Blair**

17. (a) **Burial** (b) Date thereof **10 14 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Edw Koch + Son**

(b) Address **3516 N. 14th**

19. (a) **OCT 13 1948** (b) **J. B. Karater**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis, Mo**
(c) City or town **3408 Blair Ave**
(If outside city or town limits, write "RURAL")
(d) **Memorial** (If rural, give location)
(e) Citizen of foreign country? **26** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **11th**
year **1948** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **9/22/48**
to **Oct. 11th**, 19 **48**
that I last saw her alive on **Oct. 11th**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism of Middle Cerebral Artery** Duration **19 days**

Due to **Rheumatic heart Disease**

Due to **—**

Other conditions **9/5**
(Include pregnancy within 3 months of death)

Major findings: **—**
Of operations

Or autopsy **—**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**

(b) Date of occurrence **—**

(c) Where did injury occur? **—** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **W. M. Landon** **1515 Lafayette** **10/11/48**
Address Date signed

Separate Emb Cert filed

8781 CT 120

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 34661
8846
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

for Elizabeth Schmitt, who, upon _____ oath, states that the original record of birth
died 10-11, 1948, in the State of
born _____
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 14 should read Barbara Bayman

Instead of _____

Item No. 12 should read Joseph Schaffer

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant John A. Tully Fun Dir

Relationship.

35167. 14th

Present Address.

Subscribed and sworn to before me this 3 day of March, 1950

My Commission expires 3-4-53 Notary Public. Emil Padlock

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

